

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522066

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6		1				
7		2				
8						
9						
10	1					
11						
12						
13		1				
14		2				
15		①				
16		⑤	1			
17	1		1			
18		1		1		
19				1		
20			1			
21				1		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	9	←	7	←		←
TOTAL CLAIMS	13		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						